U.S. Department of Health and Human Services

Summary of Public Comments on the Proposed National Quality Strategy and Plan

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Revised

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1.0 Introduction

The Affordable Care Act (Public Law 111-148) expresses the Nation's commitment to improve the quality and affordability of health care and expand coverage and access to health care for all Americans. The law requires the Secretary of the Department of Health and Human Services to establish a National Strategy for Quality Improvement in Health Care (the National Quality Strategy) that includes national priorities for improvement and a strategic plan for reforming the delivery of health care services, achieving better patient outcomes, and improving the health of the U.S. population. The National Quality Strategy is intended to be a living and changing guide for the Federal government, as well as for States and the private sector. The hope is that the National Quality Strategy will be sustainable over time, and support priorities and associated goals that will be periodically updated and refined to accommodate emerging issues. Ensuring that the National Quality Strategy is effective will require a strong private/public partnership based on a shared commitment to ensuring that Americans receive consistent, high-quality, safe, and affordable care.

HHS developed a briefing, included in Appendix 1, that outlined initial thinking regarding the National Quality Strategy and identified specific areas where feedback would be particularly valuable including various aspects of the National Quality Strategy's proposed structure, principles, and conceptualizations. HHS then posted the briefing to their Website and initiated a public comment period (September 10, 2010 to October 15, 2010) to allow interested parties to provide input. The public had the opportunity to respond to 11 questions posed by HHS (10 specific questions and 1 question that collected any additional comments). The 11 questions are outlined in Section 4.0.

This document outlines the methodology used to catalog and synthesize the comments received, provides an overview of the stakeholders that responded, and includes a summary of the major themes identified for each questions posed.

2.0 Methodology for Public Comment Cataloging and Synthesis

The following methodology was used to effectively organize and synthesize the public comments received, in order to facilitate analysis and identification of key themes.

1. Taxonomy for classifying respondent organization types and constituency types represented was created.

2. An analysis plan was created to guide the organization of comments and to ensure the appropriate elements were captured when synthesizing.

3. Once comments were received, the respondent organization information and comments were logged into an Excel workbook.
    a. To the extent the respondent clearly responded to Questions 1-11, the comments were logged under the respective question as appropriate. There were some

instances where a respondent submitted a response to a question, but the response related more to another question/topic; in these instances, the comment was reclassified and grouped under the most appropriate question.

b. If the comment did not align with Question 1-10, it was grouped under Question 11.

4. Comments were then synthesized and categorized using two tiers or classifications.
    a. The primary classification involved a more high-level grouping or theme that was most often based on the multiple components within a question.
    b. The secondary classification involved a more granular or detailed categorization.
    c. For example with Question 1, the primary classification was “Suggested Edit to 1st Principle”; the secondary classification was “Define person-centeredness further.”
    d. Please note the following:
        1) The total number of responders for each question is based on the unique number of commenter IDs that responded to a question and does not take into account multiple themes/response included in a submission.
        2) The percentages displayed for each primary classification are not mutually exclusive (e.g., a respondent could provide comments aligning to each of the primary classification categories). The percentages are based on the total number of unique respondents addressing the first classification category as a fraction of the total number respondents to that question.
        3) The top three to five secondary classification themes were identified based on the highest frequency of unique respondents those themes. All percentages related to the secondary classification categories are calculated as a fraction of the corresponding primary classification category.

3.0 Overview of Stakeholders that Responded

A total of 335 unique respondent submissions were received from stakeholders.
Exhibit 1 summarizes the number of respondents by organization type and highlights the types of constituencies represented by these organization types. The predominant organization types that responded were member associations, providers, and advocacy groups. More detail on the number of respondents by each constituency type is displayed in
Appendix 1: National Health Care Quality Strategy and Plan – Public Comment Briefing

Exhibit 1: Number of Respondents by Organization Type

Organization Type	Types of Constituencies Represented	Total
Advocacy Group	Clinical Condition Advocacy, Consumer Advocacy, Employer/Business Coalition, Labor Union, Other Advocacy	51
Federal Government	Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Indian Health Services (IHS), Veterans Administration (VA)	5
Health Plan	Health Plan	7
Individual/Consumer	Individual – Independent of any organization	47
Member Association	Academic, Clinical Professionals, Employers, Health IT Vendors, Health Plan, Hospitals, Medical Product Vendors, Other, Pharmaceutical Industry	94
Other	Consulting Firm, Law Firm, Other	6
Pharmaceutical	Pharmaceutical Company	2
Provider	Ambulatory Care, Health System, Hospice/Palliative Care, Hospital, Long Term Care, Other Clinical Professional, Physician	67
Quality Organization	Measure Development, Other Quality Organization, Quality Improvement Organization (QIO), Quality Collaborative	19
Research/Academic	Academic Institution, Research, Think Tank	24
State/Local Government	State Agency	8
Vendor	Product Vendor, Service Vendor	5
	Total Respondent Submissions	**335**

4.0 Summary of Findings and Key Themes

The following sub-sections highlight summary findings and key themes based on each of the eleven public comment questions posed by HHS. These key themes were identified using the primary and secondary classification scheme described in Section 2.0, and they are based on comments from all respondents for the respective question. For each question's primary classification, the top three to five key themes, as identified by the unique number of respondents and using the secondary classification, are highlighted and further detail or examples based on comments are provided accordingly.

For all questions, the total number of respondents to the particular question is included. A more granular breakdown of respondents by organization type is not included for each question; given the predominant organization types that submitted public comments were member associations, providers, and advocacy groups (see
Exhibit 1), these organization types were naturally the predominant respondents for each question. The same logic exists for constituency types represented in that there is not a more granular breakdown of respondents. In general, clinical professional member associations, health systems and hospice/palliative care providers, and consumer advocacy and clinical condition advocacy groups were the predominant constituency types that submitted comments. As a result, these constituency types were naturally the predominant respondents for each

question. An exception holds true in the case of Question 1 and Question 2. With these two questions, the hospital constituency type (associated with the provider organization type) was more predominant with responses, and is therefore highlighted.

For each question's primary classification, the percent of respondents that addressed that classification is included. As previously indicated, the top three to five themes using the secondary classification are included. It is explicitly noted if a theme is clearly dominant for the secondary classification (i.e., 51% or more of respondents).

4.1 Key Themes for Question 1

Public Comment Question 1: Are the proposed Principles for the National Strategy appropriate? What is missing or how could the principles be better guides for the Framework, Priorities, and Goals?

A total of 237 respondents submitted comments in response to Question 1, which addressed the four proposed National Quality Strategy Principles as displayed in Exhibit 2. Member Associations (specifically clinical professionals), Providers (specifically, health systems, hospitals, and hospice/palliative care providers) and Advocacy groups (specifically, consumer and clinical condition advocacy) combined represent the majority of the organizations that responded to Question 1. Respondents addressed whether the Principles are appropriate, they suggested edits to the Principles, and they proposed including additional Principles. Details related to respondent comments follow.

Exhibit 2: HHS' Proposed Principles Guiding the National Quality Strategy

#	Principle
1	Person-centeredness and family engagement will guide all strategies, goals, and improvement efforts
2	The strategy and goals will address all ages, populations, service locations, and sources of coverage
3	Eliminating disparities in care – including but not limited to those based on race, ethnicity, gender, age, disability, socioeconomic status and geography – will be integral to all strategies and goals
4	The design and implementation of the strategy will consistently seek to align the efforts of public and private sectors

Appropriateness of Proposed Principles: Person-centeredness and family engagement will guide all strategies, goals, and improvement efforts:

Forty-seven (47%) percent of respondents indicated that the proposed Principles, shown in Exhibit 2, are appropriate. Ninety-two (92%) percent of these respondents, answered 'yes' to this question, and represented all organization types, except pharmaceutical. Exhibit 3 highlights some of the recurring comments received in reference to the Principles' appropriateness.

Exhibit 3: Example Comments in Response to Appropriateness of Proposed Principles

Appropriate (n=111)	Not Appropriate (n=11)
• Overall focus on quality is good • All Principles are important	• Principles are too broad and not actionable • Clarification of intent and purpose of National Quality Strategy is needed

Suggested Edits to the 1st Principle: Person-centeredness and family engagement will guide all strategies, goals, and improvement efforts

Twenty-one (21%) percent of respondents provided feedback on how to edit the first Principle. Respondents' recommendations for suggested edits to the first Principle were centered on a few themes. For example, several comments emphasized the importance of expanding and clarifying the meaning of "person-centeredness" to incorporate specified parameters which encompass patient and family engagement or care that is patient- and family-centered. Examples of increased engagement could include accessing one's personal health information; participating in shared decision-making; and enabling awareness of all aspects of one's health. Relating to specific priorities and goals of the first Principle, a number of organizations suggested addressing quality of end-of-life care.

Suggested Edits to the 2nd Principle: The strategy and goals will address all ages, populations, service locations, and sources of coverage

Nine (9%) percent of respondents recommended changes to the second Principle. No dominant theme emerged from their suggestions. Some respondents suggested that this Principle include reference to a strategy which is evidence-based, and one that involves all stages of care (i.e., pre- and post-diagnosis) and phases of life. Respondents also suggested highlighting specific populations, including those with chronic and life-threatening illnesses.

Suggested Edits to the 3nd Principle: Eliminating disparities in care – including but not limited to those based on race, ethnicity, gender, age, disability, socioeconomic status and geography – will be integral to all strategies and goals

Fourteen (14%) percent of respondents provided suggestions for the third Principle; however there was no dominant suggestion. Several respondents stressed the need to include language that references disparities in health – not just disparities in care. Another terminology suggestion involved the use of the term "health inequities", instead of "disparities in care". There were also suggestions to expand the demographic examples to include chronically ill, sexual orientation, and health literacy status. Respondents also emphasized the need to highlight cultural competency as a way to reduce disparities.

Suggested Edits to the 4th Principle: The design and implementation of the strategy will consistently seek to align the efforts of public and private sectors

Ten (10%) percent of respondents provided a variety of feedback on the fourth Principle. Respondents commented that the fourth Principle should address alignment with the efforts of providers and other healthcare professionals. Additional alignment efforts suggested by

respondents involved harmonization of performance measurement activities, data sharing, reimbursement/payment methods, and healthcare regulations. A few respondents expressed concern that the fourth principle is framed in a way that implies the strategy will work through parallel efforts between the public and private sector; respondents preferred that the principle reflect the reduction of competing or conflicting strategies, and promote joint efforts of all intended parties to design and implement the strategy. Respondents also recommended that the principle be expanded to indicate the need for diverse stakeholder engagement and input.

Additional Concepts to be Addressed by Principles

Respondents commonly recommended the following aspects be included in new or existing principles:

- Evidence-based care
- Cost containment
- Population health and prevention
- Transparency of information and data sharing

4.2 Key Themes for Question 2

Public Comment Question 2: Is the proposed Framework for the National Strategy sound and easily understood? Does the Framework set the right initial direction for the National Health Care Quality Strategy and Plan? How can it be improved?

A total of 210 respondents submitted comments in response to Question 2, which targeted the proposed National Quality Strategy Framework as displayed in Exhibit 4. Member Associations (specifically clinical professionals) and Providers (specifically, health systems, hospice/palliative care providers, and hospitals) combined represent the majority of the organizations that responded to Question 2. Respondents addressed whether the Framework is sound/easily understood and whether it sets the right initial direction for National Quality Strategy; respondents also provided suggestions for how the Framework and its components could be improved. Details related to each of these aspects follow.

Exhibit 4: HHS' Proposed Framework for the National Quality Strategy

Framework Component	Definition
Better Care	Person-centered care that works for patients and providers. Better care should expressly address the quality, safety, access, and reliability of how care is delivered, as well as the experience of individuals in receiving that care; active engagement of patients and families; and the best possible care at all stages of health and disease
Affordable Care	Care that reins in unsustainable costs for families, government, and the private sector to make it more affordable
Healthy People/ Healthy Communities	The improving health and wellness at all levels through strong partnerships between health care providers, individuals, and community resources

Framework Soundness/Understandability and Appropriateness in Setting the Right Initial Direction

Exhibit 5 includes the percentage of respondents that explicitly commented on whether the Framework was sound/easily understandable and whether the Framework sets the right initial direction. Forty-eight (48%) percent felt the Framework was sound/easily understandable and that it sets the right initial direction. Some respondents also provided supporting context with their response. Key themes based on additional context provided are highlighted in Exhibit 5.

Exhibit 5: Key Themes in Response to Framework Soundness/Understandability and Appropriateness in Setting the Right Initial Direction

Sound/ Easily Understandable (29% of respondents)	Sets the Right Initial Direction (19% of respondents)	Not Sound/Easily Understandable (5% of respondents)	Does Not Set the Right Initial Direction (3% of respondents)
• Suggest aligning with CMS' Triple Aim, which addresses very similar components as the proposed Framework • Suggest highlighting value-based care (high quality-low cost care) • Acknowledge that data sharing and evidence-based medicine will drive optimal care		• Components are vague and subjective • Unclear as to how the components relate to the proposed Principles and whether they will be used independently or in concert with the Principles to develop priorities	

Suggested Improvements for Better Care Component

Thirty-three (33%) percent of respondents suggested improvements for the *Better Care* component. No dominant suggestion emerged from the comments. Slightly more than one-third of respondents that specifically addressed *Better Care* suggested that the following attributes of care be highlighted: timely, coordinated, appropriate, evidence-based, provide optimal outcomes. The majority of respondents were split among advocacy groups and member associations. Respondents also suggested further defining better care attributes such as access and person-centeredness, and addressing who is responsible for defining whether better care is provided/received. Comments also suggested including a reference to specific populations (e.g., disabled, chronically ill or end-of-life patients), and the need to be culturally sensitive to a patient's needs.

Suggested Improvements for Affordable Care Component

Twenty-three (23%) percent of respondents suggested improvements for *Affordable Care*, although no dominant suggestion emerged. Nearly one-third of respondents that addressed the *Affordable Care* component suggested emphasizing that costs will be reigned in and care will be clinically appropriate and evidence-based, and quality will not be compromised. Some respondents indicated that this component's definition is too vague and challenging to interpret as affordability is a relative concept. Alternatively, some respondents suggested highlighting ways to achieve affordability including increased patient education, aligned public/private sector efforts, increased system efficiencies, and reduced unnecessary regulation.

Suggested Improvements for Healthy People/Healthy Communities Component

Sixteen (16%) percent of respondents provided suggestions on ways to improve the *Healthy People/Healthy Communities* component. No dominant theme emerged from the responses, however, slightly more than one-third of respondents suggested highlighting ways to achieve healthy people and healthy communities (e.g., increased access to health and wellness resources; patient engagement and self-management), and the need to highlight "prevention" in the definition as it one of the primary ways to achieve greater public health. This component of the Framework received the least amount of responses when compared to *Better Care* and *Affordable Care*.

4.3 Key Themes for Question 3

Public Comment Question 3: Using the legislative criteria for establishing national priorities, what national priorities do you think should be addressed in the initial National Health Care Quality Strategy and Plan in each of the following areas:

a) Better Care: Person-centered care that works for patients and providers. Better care should expressly address the quality, safety, access, and reliability of how care is delivered and how patients rate their experience in receiving such care;

b) Affordable Care: Care that reins in unsustainable costs for families, government, and the private sector to make it more affordable; and

c) Healthy People/Healthy Communities: The promotion of health and wellness at all levels.

A total of 232 respondents submitted comments in response to Question 3. These comments addressed national priorities for each of the Framework components: Better Care, Affordable Care, and Healthy People/Healthy Communities, and included other general suggestions related to priorities that should be set. A summary of the comments received for each of these points is included below.

Suggested Priorities Relating to Better Care

Eighty-two (82%) percent of respondents suggested priorities for the *Better Care* component, although there was no central theme to the responses. Respondents most commonly suggested priorities that involved increased access to appropriate, coordinated, patient-centered care with a focus on primary care and prevention/wellness services. Specifically related to increased access, respondents suggested focusing on alternative, non-traditional methods of providing care (e.g., telemedicine, email, web-based communication, remote consultations). Respondents also commented on the need for appropriate and qualified providers of care, and the need for access to health services regardless of health insurance or ability to pay. Comments indicated that coordination across the continuum of care and integrating various provider specialties and care settings (such as through the medical home model), is critical to improving patient outcomes and lowering the cost of care. This is especially the case with caring for chronically ill, frequent users of the healthcare system. Comments also suggested that patient-centered care should involve shared decision-making, be responsive to patient and family needs, recognize

the whole patient (i.e., not just treat the illness), and that care should be designed to address needs across all stages of life.

A specific focus on palliative/hospice/end-of-life care, including availability of resources and measurement of care provided, was another strong recommendation in terms of national priorities related to better care. Respondents noted that given the nature of this type of care in addressing physical, emotional, and spiritual needs, it naturally aligns with patient-centered strategies. Additional suggestions included payment equities and provider/care setting accountability through performance measurement be addressed.

Priorities Relating to Affordable Care

Seventy-four (74%) percent of respondents suggested a variety of priorities relating to *Affordable Care*, without any overriding theme. Establishing national priorities relating to reducing the cost of care was the most frequently provided suggestion (although did not constitute an overall majority) among comments relating to *Affordable Care*. Respondents commonly highlighted that the current health care system is not sustainable given the rates of cost escalation. Comments also highlighted the extreme costs associated with managing chronic illnesses, including associated medications. Controlling unnecessary care, including misuse and overuse of diagnostic testing was another specific priority described by respondents relating to reducing care costs.

The need for payment reform was also a common theme among respondents. Comments suggested that the quality of care and the value of care should drive payment. Other comments suggested the need for changes in how commercial insurers structure payment contracts. Respondents recommended testing innovative payment models (e.g., pay for performance, bundled payments, increased reimbursement for Accountable Care Organization models) that promote more affordable care and that moves the system away from rewarding more, and often unnecessary, services.

The need for addressing tort and malpractice reform was mentioned by respondents as a way mechanism for addressing affordable care. Comments suggested addressing malpractice laws, which currently encourage providers to practice “defensive medicine”. They indicated that this type of defensive care practice is often unnecessary and contributes to the escalating cost issue.

Suggested Priorities Relating to Healthy People/Healthy Communities

Sixty-nine (69%) percent of respondents suggested priorities related to the *Healthy People/Healthy Communities* component. No dominant theme emerged from the submitted suggestions. Of the comments specific to *Healthy People/Healthy Communities*, respondents most frequently highlighted increased access to health and wellness resources as a national priority to be addressed. Respondents identified schools as an optimal means to educate children about health and wellness, not only through curricula, but also by improving school menus, and increasing physical education or recess time. Comments suggested the need to support and prioritize prevention programs or programs to support healthy behaviors. They

indicated such programs might involve physical activity or exercise sessions, and education or support groups for maintaining a healthy weight/diet, tobacco cessation, and drug/alcohol use.

Respondents also suggested prioritizing primary care and prevention, as it is critical to improving public health and containing costs. Palliative/hospice/end-of-life care was another common recommendation for prioritization; comments noted the need to engage patients and their families in healthcare decision-making around palliative and end-of-life care, and its role in providing alternative, often more comfortable care.

Other General Suggestions

Respondents provided additional suggestions not specific to any given Framework component. A few comments related to alignment of the Principles to the Framework components. Other comments suggested incorporating priorities set forth by the National Priority Partnership and National Quality Forum.

4.4 Key Themes for Question 4

Public Comment Question 4: What aspirational goals should be set for the next 5 years, and to what extent should achievable goals be identified for a shorter timeframe?

A total of 206 respondents submitted comments regarding Question 4. The comments were centered on two main themes: suggested goals for the next five years and suggestions regarding the timeframe for achieving the aspirational goals. A summary of the comments received for each of these suggestions is provided below.

Suggested Goals for the Next 5 Years

The vast majority (97%) of comments related to suggested goals for the next five years. The majority of these comments, spanning all organization types, focused on goals to improve access to high quality, safe, patient-centered, well-coordinated, and appropriate care, which results in efficiencies and emphasizes primary care. Many of these comments addressed patient safety goals such as reducing health care associated infections, eliminating sentinel events, and reducing preventable readmissions. Several respondents discussed care coordination and health care transitions as aspirational goals to consider. Many suggestions for aspirational goals also included a focus on improving primary care such as through payment practices aligned toward primary care. As it relates to improving health care quality and efficiency, several comments suggested goals addressing adoption of technologies such as electronic health records (EHRs). Many comments suggested aspirational goals focusing on improved patient engagement and better alignment of health care with patient's spiritual and cultural desires and needs.

Respondents suggested goals related to specific areas of care. Of these, many comments focused on goals regarding palliative/hospice care, including the need for increased attention to advance directives and patient and family engagement in palliative/hospice care decisions.

Respondents also suggested goals specific to chronic care and pediatric chronic care be considered, including better care coordination for patients with chronic illness. Also related to improving specific aspects of care, respondents suggested goals focused on various aspects of public health, including reducing obesity and smoking within the population; increasing immunization rates; and patient compliance, education, and engagement.

Respondents also provided comments focused on developing and/or implementing performance measures and evidence-based treatments. Many of these comments suggested developing measures of health outcomes, care-coordination, quality of life, and composite measures. Respondents also suggested careful consideration of when to retire measures, and the need for studying unintended consequences of measures, measurement, and measure retirement. Some comments addressed the need for and/or use of efficiency measurement; many of these comments urged careful design of efficiency measures and to consider both over and under use of services in development and deployment of efficiency measures.

Comments that focused on reducing costs through payment reform specifically included the suggestion to focus on reducing health care costs, aligning payment with value and coordinated care, reducing expenditures on pharmaceuticals, and minimizing barriers to innovations that increase efficiency.

Comments also suggested stakeholder involvement in goal setting and alignment with existing initiatives, goals supporting workforce development and training, and goals around use of EHR/EMR and health information technology (HIT). Other comments included a focus on goals addressing disparities, credentialing/accreditation, health outcomes, and systemic or organizational change.

Suggestions Relating to an Alternative Timeframe for Goals

Fifteen (15%) percent of respondents provided timeframes for achieving the identified goals. Although there was not an agreed upon timeframe, respondents suggested tighter timeframes for goals focused on improving access to high quality, safe, patient-centered, well-coordinated care. Of these, suggestions included: targeted reductions in healthcare acquired infections (e.g., catheter related blood stream infection, surgical site infection) in specified timeframes (e.g., 1 year); short-term focus on care coordination, prevention, and enhanced primary care; and, reductions in preventable readmissions in short timeframes. Some respondents suggested aggressive timeframes for changes in payment practices, such as abolishing fee-for-service in favor of quality or value-based reimbursement, and promoting primary care services and medication management through payment practices. Some respondents also addressed how and when to assess the goals, including suggestions for setting shorter term goals (e.g., 1 or 2 year goals), and aggressively implementing them and ensuring that short-term goals are measurable and attainable. Other comments noted the importance of aligning with and/or leveraging existing programs or initiatives; establishing standards for evidence-based treatment; supporting goals focused on chronic care, public health, prevention, and specific care settings; and, using technologies such as EHRs to support advancement of the goals.

4.5 Key Themes for Question 5

Public Comment Question 5: Are there existing, well-established, and widely used measures that can be used or adapted to assess progress towards these goals? What measures would best guide public and private sector action, as well as support assessing the nation's progress to meeting the goals in the National Quality Strategy?

A total of 185 respondents provided comments on Question 5. Member Associations (specifically clinical professionals) and Advocacy groups (specifically, consumer and clinical condition advocacy) combined represent the majority of the organizations that responded to Question 5. The comments addressed three high-level themes: suggestions regarding types of measures in general that could be used to assess progress toward the identified goals; suggestions regarding existing measures and measure-setting bodies that could be leveraged to assess progress toward these goals; and general suggestions or considerations for establishing measurement and goals. A detailed analysis with specific counts of suggestions by organization for types of measures in general, and for existing measures and measure-setting bodies that can be leveraged, is included in Appendix 2: Respondent Submissions by Organization Type and Constituency Represented.

Types of Measures in General

Forty-eight (48%) percent of respondents suggested general types of measures for inclusion. Many comments that addressed types of measures for consideration focused on developing and implementing measures of care coordination and health care integration. There were 187 suggestions across 44 different types of measures. Some of these comments recommended measurement that entailed assessing process and outcomes across the continuum of care, particularly for chronic condition patients. Similarly, comments suggested a measurement focus on disease management for specific conditions (e.g., cancer, kidney disease, high blood pressure, diabetes). Respondents also suggested measures that focus on health outcomes, including measures of functional status, and patient-centered composite measures of quality. Suggestions for use and expansion of palliative and end-of-life measures were also included. Of these, comments included suggestions for measures of access to and timeliness of palliative care, and public reporting of palliative measures. Comments also suggested use of patient safety measures such as re-admission rates, rates of health care associated infection or injury, and mandatory reporting of adverse events.

Some respondents also recommended measures of cost (including per capita and episode-based costs), patient satisfaction and experience (and patient satisfaction surveys specifically), and utilization (such as appropriate hospitalization and emergency department usage). Other recommended areas include measures related to access to care, behavioral health, obesity, cultural competency, disparities, functional status, patient engagement, and pediatric care.

Existing Measures and Measure-Setting Bodies

The majority (54%) of respondents suggested leveraging existing measures and/or measure-setting bodies in measuring progress against the identified goals. Forty-four different measure

setting bodies were suggested. Although there was no overriding suggestion of which existing measures to leverage, many of the comments focused on use of National Quality Forum (NQF) endorsed measures and using the NQF process for considering future measures. Of these comments, some specifically noted NQF measures of palliative care, patient safety, and shared decision-making. Several respondents also suggested use of National Committee for Quality Assurance's (NCQA's) HEDIS® measures, and HEDIS® prevention, tobacco cessation, and wellness measures in particular.

Some respondents suggested use of the Agency for Healthcare Research and Quality (AHRQ) measures such as adapting the measures found in the *National Healthcare Disparities* Report and/or the *National Healthcare Quality Report*, AHRQ's Patient Safety Indicators, and AHRQ's health outcome surveys. Some respondents also suggested measures of palliative care such as the National Hospice and Palliative Care Organization measures and measures from the Center to Advance Palliative Care. The National Priorities Partnership and the Physician Consortium for Performance Improvement were also highlighted by some respondents as existing initiatives to be leveraged. Measures used by The Joint Commission were also suggested.

General Suggestions for Establishing Measurement and Goals

Thirty (30%) percent of respondents focused on general suggestions when developing/ implementing measures and when setting thresholds for performance assessment. Respondents most commonly suggested that attention be given to developing infrastructures and obtaining HIT systems that would facilitate data collection and reporting. Many respondents also suggested alignment of public and private sector efforts to establish a uniform set of measures in order to create additional efficiencies with measurement and compliance. Respondents noted the burden of complying with several sets of performance standards. Similarly, respondents suggested there be a standardized methodology for assessing performance and progress over time. Several respondents also emphasized the importance of measures being evidence-based, meaningful and appropriate, and risk-adjusted, while assessing data that are easily retrievable via HIT systems.

4.6 Key Themes for Question 6

Public Comment Question 6: The success of the National Health Care Quality Strategy and Plan is, in large part, dependent on the ability of diverse stakeholders across both the public and private sectors to work together. Do you have recommendations on how key entities, sectors, or stakeholders can best be engaged to drive progress based on the National Health Care Quality Strategy and Plan?

A total of 189 respondents submitted comments on Question 6. Comments generally related to two high-level themes: how to best engage stakeholders to drive progress based on the National Quality Strategy, and the various types of stakeholders that should be engaged in such efforts. The analysis below provides more details related to these themes.

Recommendations on How to Engage Stakeholders

Seventy (70%) percent of respondents suggested methods for engaging stakeholders; however no dominant theme emerged from their suggestions. Member Associations (specifically clinical professionals) and Advocacy groups (specifically consumer advocacy) provided the majority of responses. Several respondents recommended engaging stakeholders by promoting inclusion and open dialogue and using a variety of information dissemination and exchange formats that support wide participation. A number of comments addressed participation at the local level, the need for stakeholders to be able to provide input into the plan, and the importance of transparency in the process. Several comments underscored the importance of education as a means to engage, including education of individual consumers/the general public, and providers. Respondents suggested various information exchange formats, including traditional media, public forums, regional meetings, and Webinars, among others. Respondents also recommended convening a multi-stakeholder task force and subcommittees to implement and monitor progress with the National Quality Strategy over time.

Many respondents recommended leveraging the experience and progress made by existing national, State, and regional initiatives (e.g., collaboratives, campaigns, health coalitions, federal projects). Many respondents mentioned a variety of existing efforts that relate to the goals of the National Quality Strategy and key stakeholder groups that the National Quality Strategy should engage. Respondents noted that this could promote harmonization and encourage progress.

Several respondents suggested the use of financial incentives and payment changes to encourage change in healthcare. They indicated that incentives can be used to support adoption of improved practices/treatments, technologies, and care quality goals. Comments ranged in the variety of stakeholder types mentioned, including payers, individual providers, hospitals, professionals, and schools.

Specific Types of Stakeholders to Engage

Thirty-nine (39%) percent of respondents suggested specific types of stakeholders to engage, however no predominant type of stakeholder emerged from the suggestions. A number of respondents commonly cited healthcare professionals and consumers among the stakeholders to engage in efforts to drive progress with the National Quality Strategy. A variety of healthcare professional types were mentioned, but several respondents identified physicians and nurses in particular, given their central role in providing care and the impact of health care-related changes on their work. Several respondents also underscored the importance of including consumers/patients in developing healthcare initiatives such as the National Quality Strategy.

4.7 Key Themes for Question 7

Public Comment Question 7: Given the role that States can play in organizing health care delivery for vulnerable populations, do the Principles and Framework address the needs and issues of these populations?

A total of 120 respondents commented on Question 7. Comments centered on whether the National Quality Strategy does or does not address the needs of vulnerable populations, and offers suggestions on how to further address this population's needs.

Yes, the Principles and Framework Address the Needs and Issues of Vulnerable Populations

Thirty-three (33%) percent of respondents explicitly expressed agreement that the principles and framework addresses the needs and issues of vulnerable populations. Respondents stressed the importance of focusing on the Medicaid population and including socioeconomic status as a determinant of vulnerable populations. Respondents suggested that increased education and engagement within both the patient and provider communities could ensure that the focus remains on these populations and the elimination of disparities going forward.

No, the Principles and Framework Do Not Address the Needs and Issues of Vulnerable Populations

Thirteen (13%) percent of respondents explicitly indicated that the needs of vulnerable populations are not currently addressed, and cited lack of detail and acknowledgement that States have individual needs as drawbacks.

Suggestions on How to Address the Needs and Issues of Vulnerable Populations

Approximately seventy-eight (78%) percent offered considerations for addressing the needs of vulnerable populations. The majority of suggestions focused on four themes: collaboration amongst Federal, State, and local governments and other stakeholders; accounting for individual State characteristics and issues; addressing State funding concerns; uniformly defining or identifying characteristics associated with vulnerable populations; and developing consistent quality standards and reporting requirements that encompass vulnerable populations and health disparities.

With respect to increased collaboration, respondents broadly mentioned the need for coordination among the various government levels and the inclusion of stakeholders in the process. Regarding accounting for individual State characteristics, respondents emphasized the roles that the State and local levels have in addressing the needs of their populations and how needs may differ at regional and local levels. A common theme also included finding a balance between the national strategy and local implementation. Other respondents brought up points related to how to best collaborate in a manner that would support service delivery. Their comments touched on levels of care, eliminating redundancy in systems of care, and efficiency regardless of funding source and State boundaries. With regards to addressing State funding concerns, some respondents mentioned the need for funding and technical support from the Federal government in order to address vulnerable populations, among others.

As to the need for uniformly defining or identifying characteristics associated with vulnerable populations, respondents recommended that vulnerable populations be defined to promote an understanding of the populations that are referenced and allow for more meaningful discourse on their needs. A few respondents touched on socioeconomic/financial status in understanding

the needs of vulnerable populations. Some specific recommendations suggested particular groups for consideration among vulnerable populations, including children, people with mental disabilities, and the elderly.

Respondents also noted the need for consistent quality standards and reporting requirements, with a focus on using these tools to reduce health disparities, promote accountability, facilitate data exchange, and incorporate State input.

4.8 Key Themes for Question 8

Public Comment Question 8: Are there priorities and goals that should be considered to specifically address State needs?

A total of 109 respondents submitted comments for Question 8. Sixty (60%) percent of respondents indicated that there are priorities and goals that should be specific to, and specifically take into account, State needs. Respondent comments involved key themes to affirming that there are State-specific priorities and goals that should be considered, State financials, specific target populations, and health care access and services. Details related to these themes are included below.

Yes, there are priorities and goals that should be considered to specifically address State needs?

Sixty-eight (68%) percent of respondents indicated that yes, there are priorities and goals that should be considered specifically to address State needs. Some of these respondents simply provided a “yes” answer, while others, offered suggestions that could be considered. These suggestions are incorporated into the responses below.

No, there are not priorities and goals that should be considered to specifically address State needs?

Six (6%) percent of respondents felt that there should not be priorities and goals specifically designed to address State needs. These respondents indicated that priorities and goals should be consistent across all states and in alignment with national priorities and goals.

Considerations Related to State Budget and Financials

Twenty-three (23%) percent of respondents indicated the need for there to be considerations related to State budgets and financials. When combined, the most frequent responses were around the need for increased funding for providing care services/resources and technology in order to be able to meet the priorities and goals set forth by the National Quality Strategy as well as changes to reimbursement policies, and addressing state needs for additional funding. For example, in order to achieve better care and healthy people/healthy communities, comments noted that States will need increased funding and reimbursement for providing access to health

and wellness services. Additionally, comments noted that States will need increased funding for information systems and an infrastructure that enables data collection and reporting.

Considerations Related to Health Care Access and Services

Nineteen (19%) percent of respondents referenced the need for considerations related to health care access and services. Within this category, comments commonly indicated the need to provide increased access to coordinated, patient-centered care with a primary care and prevention focus. Access to specific care programs was also palliative/hospice/end-of-life care were also mentioned.

Considerations Related to Specific Populations

Thirteen (13%) percent of respondents indicated that considerations should be given to specific populations, given that they populations vary among states. Comments most frequently referenced needs for the vulnerable populations including the poor, frail, elderly, undocumented immigrants, among others. Additionally, comments specifically addressed care needs for children and adolescents. As it relates to performance measurement, respondents indicated that States should have the flexibility to add or adjust measurement based on their population mix.

Other

Twenty-six (26%) of respondents' comments were categorized as "other." The comments did not directly relate to those above but often centered on the need for collaboration among States, regional, and national stakeholders, as well as balancing State needs.

4.9 Key Themes for Question 9

Public Comment Question 9: What measures or measure sets should be considered to reflect States' activities, priorities, and concerns?

A total of 90 respondents submitted comments for Question 9. Responses focused on suggested measures for consideration around States' activities, priorities, and concerns, and general considerations for establishing measurement and goals.

Measures for Consideration to Reflects States' Activities, Priorities, and Concerns

Fifty six (56%) percent of respondents provided recommendations for measure considerations. The following list includes those measures recommended by more than two respondents:

- Preventive care measures (e.g., immunizations, screenings, BMI/obesity-related)
- Population-specific measures
- Palliative /hospice/end-of-life care measures
- Health outcomes measures
- Health care cost measures (e.g., per capita, episode-based)
- Existing Measures

When referencing existing measures, respondents cited organizations such as National Committee for Quality Assurance (HEDIS measures), American Medical Association-convened Physician Consortium for Performance Improvement, Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality (CAHPS measures), and the National Quality Forum. Respondents felt that States should work with these measure developers or measure-setting bodies to ensure that existing and potential measures address the varying needs and populations across the States.

General Considerations for Establishing Measurement and Goals

Fifty-one (51%) of respondents provided general considerations for establishing measurement and goals. While there was no dominant theme, there were two—somewhat contradictory—themes that stood out among the others Respondents highlighted the need to address States' variability when developing measures and target goals; and, respondents indicated the need for uniform measurement and interpretation of results for all States. The same organization types provided comments along these two themes – member associations, advocacy organizations, providers, and quality organizations. The comments suggested prioritizing measures based on a review of the most pressing quality improvement needs in each individual State, and that measures reflect the range of health needs of the varying populations being served. There was mention of the various needs of States based on the existence of rural verses urban areas, differences in the size of States, and diversity of demographics by State. While respondents acknowledged that States' needs vary, they also appealed that uniform, consistent measures and standards are used across States to promote consistency and provide a steady base line for data collection and interpretation.

Additional themes included the need for transparency of measurement development and performance results. A few suggestions included providing a means for the public to access results, and establishing a method to ensure measures are meaningful, valid, evidence-based, and consensus-driven. Respondents also noted that adequate support be provided to States to facilitate the capacity for quality measurement, and that resources and technical assistance should be available to assist States with quality improvement initiatives to help them reach the goals established by the National Quality Strategy. Respondents further encouraged collaboration between various stakeholders - particularly States, regions and the Federal government - to promote best practice sharing.

4.10 Key Themes for Question 10

Public Comment Question 10: What are some key recommendations on how to engage with States and ensure continued alignment with the National Quality Strategy?

A total of 100 respondents submitted comments for Question 10. Comments centered on a core set of high-level themes that include: addressing State budget and financials, developing reporting requirements and standards, engaging appropriate stakeholders, and implementing communication and dissemination strategies. Details relating to each of these themes are included below.

Address State Budget and Financials

Thirty-nine (39%) percent of respondents provided suggestions regarding State budgets and financials. A dominant theme emerged with regards to offering States financial incentives, with the majority of responses coming from member associations and providers. Specific recommendations included linking funding with the National Quality Strategy to ensure continued alignment, tying State participation to funding, and providing funding to States based on outcomes.

Respondents also recommended that considerations be taken with regards to the impact on State budgets when designing the National Quality Strategy. Some specific recommendations to offset the potential negative impact include offering additional State funding, ensuring there is flexibility for States, and aligning the National Quality Strategy goals with State insurance benefit designs and payment policies.

Engage Appropriate Stakeholders

Forty-four (44%) of respondents provided input on engaging appropriate stakeholders, with the majority of comments focused on suggestions regarding whom to engage. The majority of respondents recommended focusing on engaging State-based stakeholders and agencies to include departments of health, hospital associations, quality improvement organizations, and RHIOs, among others. Overall, respondents want to ensure that States and their constituencies are included in the dialogue.

Develop Reporting Requirements and Goals in Alignment with National Quality Strategy

Fifteen (15%) percent of respondents suggested developing reporting requirements and goals for States that aligned with those set forth by the National Quality Strategy. The majority of respondents suggested developing reporting standards. Reporting standard recommendations included requiring States to publish an annual report each year on their activities and performance and developing national metrics or aligning state requirements with existing metrics. Additional recommendations included ensuring that State-level metrics aligned with National Quality Strategy metrics.

Implement Communication and Dissemination Strategies

Fifteen (15%) percent of respondents encouraged implementing communication and dissemination strategies as a way in which to engage States and ensure alignment with the National Quality Strategy. There were three specific activities that respondents recommend including offering technical assistance, conducting workshops/meetings and webinars, and leveraging existing forums for dissemination purposes.

4.11 Key Themes for Question 11

Public Comment Question 11: Additional Comments

Several respondents submitted responses to the Additional Comments question. The recurring key themes involved the need to highlight palliative care in the National Quality Strategy and making National Quality Strategy goals more specific and measurable.

Several respondents cited that palliative care and hospice have been proven by strong data in the medical literature to improve quality of life, reduce healthcare expenditures, reduce resource utilization, and in some cases to improve survival. Increasing representation from the palliative care community in the development of the National Quality Strategy, improving reimbursement to the palliative care provider community, and establishing quality control are some of the suggested strategies for promoting quality of care for patients near the end of life.

Respondents also cited the need to include succinct, actionable goals and strategies around which both private and public stakeholders can rally and gain momentum. Adding specificity to the goals would help providers prioritize their quality improvement efforts thereby accelerating change. Several respondents suggested including an initial limited set of targeted priorities, which can be expanded over time, as another method for achieving greater improvement at a more rapid rate.

Other comments discussed the development of one national, standardized, and evidence-based quality measure reporting system; the need to align existing and future federal quality initiatives to make more effective use of limited resources; and incentivizing patients to accept more responsibility and accountability for their role in healthcare.

Appendix 1: National Health Care Quality Strategy and Plan – Public Comment Briefing

NATIONAL HEALTH CARE QUALITY STRATEGY AND PLAN

September 9, 2010

The Secretary of the Department of Health and Human Services (HHS) is seeking public input in the development of a National Health Care Quality Strategy and Plan. HHS welcomes comments and suggestions on all aspects of the proposed structure, principles, conceptualization, and specific details of the National Quality Strategy. This document outlines our initial thinking regarding the plan and includes specific areas where feedback would be particularly valuable.

To provide feedback, we request that you please go to HHS.gov and click on the National Quality Strategy button. Alternatively, you may submit comments electronically to national_quality_strategy@hhs.gov. Written comments may also be submitted and should be addressed to the Agency for Healthcare Research and Quality, Attention: Nancy Wilson - Room 3216, 540 Gaither Road Rockville, MD 20850 or faxed to the Agency for Healthcare Research and Quality, Attention: Nancy Wilson at (301) 427-1210. All comments should be received no later than 5 p.m. on October 15, 2010.

OVERVIEW

The Patient Protection and Affordable Care Act (the Affordable Care Act), Public Law 111-148, puts in place a wide range of tools, resources and requirements that will assure Americans have health care coverage. At the same time, the Act has an array of provisions that are designed to assure that all Americans have access to health care that is of the highest clinical quality, is patient-centered, and assures the affordability of that care for America's families, taxpayers, and employers.

Context: Multiple provisions of the Affordable Care Act build on and expand existing programs that assess and improve quality of care. These include programs for hospitals, physicians, nursing homes, and other providers that link public reporting on selected dimensions of quality with Medicare reimbursement. The Affordable Care Act builds on these efforts to expand the linkage between payment and results – what is often called value-based purchasing – to reach doctors, hospitals and virtually all sites of care. In addition to these programs, the Affordable Care Act includes requirements for new programs led by the Center for Medicare & Medicaid Services (CMS) that will expand payments for primary care, as well as promote better care coordination, integration of services and patient-focused care, such as through accountable care organizations and advanced primary care practices (also known as "medical homes"). A new Center for Medicare and Medicaid Innovations will assure that promising innovations in care delivery and payment are well tested and then expanded into future policies for all providers. Among the many other provisions of the Affordable Care Act that will support the delivery of better care are provisions that support doctors in improving the care they deliver,

expanding the workforce to meet needs for more primary care clinicians, development of curricula for health care professionals in training and the establishment of an independent Patient-Centered Outcomes Research Institute to evaluate what works and provide better information for patients and their doctors.

The Affordable Care Act builds on earlier enacted legislation, notably the Children's Health Insurance Program Reauthorization Act (CHIPRA) and the American Recovery and Reinvestment Act (ARRA). CHIPRA includes provisions to support quality assessment and improvement for children insured by the Medicaid and CHIP programs. In addition, under ARRA there are substantial incentives for doctors and hospitals to adopt electronic health records to improve care quality and safety. HHS has also instituted other initiatives as part of the Administration's focus on the prevention and elimination of health care-associated conditions (such as pressure sores or hospital-acquired infections) and improved care for individuals with multiple chronic illnesses.

With the Affordable Care Act, Medicare and other public programs will expand their leadership and help pave the way for improving health care for all Americans. At the same time, the Administration recognizes that improving the quality and affordability of health care is an enterprise that requires strong collaborations between the Federal government, States, and the private sector. Both for the programs already implemented and as it plans for the future, the federal government is looking to align its efforts with states and the private sector and get input from multiple stakeholders on all aspects of the effort to foster higher quality, more affordable care.

The fact that there is an array of federal and private sector efforts underway or are being initiated to improve health care has led to an element of the Affordable Care Act that seeks to integrate these efforts into a cohesive plan. Section 3011 of the Affordable Care Act calls on the Secretary of the Department of Health and Human Services (HHS) to establish a national quality strategy, including a comprehensive strategic plan and the identification of priorities to improve the delivery of health care services, patient health outcomes, and population health. The Affordable Care Act requires that the strategy be developed in a transparent and collaborative process and also calls for a parallel National Prevention and Health Promotion Strategy that is scheduled to be released in March of 2011. The initial Health Care Quality Strategy and Plan is due to Congress by January 1, 2011 and must include provisions for: 1) agency-specific plans and benchmarks; 2) coordination among agencies; 3) strategies to align public and private payers; and 4) alignment with meaningful use of health information technology (IT). The National Health Care Quality Strategy and Plan (the "National Quality Strategy") is intended to be a living and changing guide for the Federal government, as well as for States and the private sector. The hope is that the National Quality Strategy will be sustainable over time, and support priorities and associated goals that will be periodically updated and refined to accommodate emerging issues. Updates on progress towards meeting the goals and priorities will be reported annually to Congress and the American public.

The Affordable Care Act also calls for the development of a National Prevention and Health Promotion Strategy (the "National Prevention Strategy") that is scheduled to be released in March of 2011. The National Prevention Strategy will take a community approach to implement

prevention efforts that will reduce the incidence of the leading causes of death and disability. Both the National Quality Strategy and the National Prevention Strategy seek to generate, align, and focus collaboration among public and private sector partners. The National Prevention Strategy will also be developed by consultation across the federal government. The two strategies will share common goals and priorities for healthy people and communities. Both will include an explicit focus on goals that require close collaboration between clinical and community partners.

Ensuring that the National Quality Strategy is effective will require a strong private/public partnership based on a shared commitment to ensuring that Americans receive consistent, high-quality, safe, and affordable care. The National Quality Strategy will build on a growing recognition of the opportunity to make dramatic improvements in quality and safety, interest among Americans in working with their doctors and other clinicians to get the best care for their needs, and increased understanding that as a nation we must address health care's rising costs to make it affordable. There is a strong foundation of work led by federal, state and private sector quality initiatives that have identified both challenges and opportunities to improve our nation's health care. These strategic efforts and initiatives include but are not limited to those identified in Table 1.

Table 1. Sample Public and Private Strategic Initiatives and Frameworks

- Institute of Medicine's "Crossing the Quality Chasm's Quality Framework"
- National Priority Partnership's "National Priorities and Goals"
- HHS Healthy People 2020
- AHRQ National Healthcare Quality Report & National Healthcare Disparities Report
- White House Let's Move Initiative
- White House National HIV/AIDS Strategy
- National Health Care Workforce Commission
- Legislatively mandated quality and payment programs to foster better care for Medicare beneficiaries (including programs for Medicare Advantage health plans, hospitals, clinicians and other providers)
- Meaningful use of health IT
- National, regional and State-based initiatives

THE NATIONAL HEALTH CARE QUALITY STRATEGY AND PLAN

What follows are some of the initial principles to guide the National Health Care Quality Strategy and Plan that build on many other strategic planning efforts. These principles, in turn, are intended to guide the broad framework of our effort to engage state and diverse private-sector stakeholders in shaping this National Strategy. Our hope is that a guiding framework will provide a vision that focuses the work of major strategic efforts and initiatives on a small set of core principles and goals that represent our highest priorities and are aspirational, actionable, and aligned across the nation.

Principles Guiding the National Quality Strategy

The initial set of potential "core principles" are intended to serve as the underpinning of the National Quality Strategy and should be reflected not only in the framework, but in how goals, targets, and plans are developed. They include:

- Person-centeredness and family engagement will guide all strategies, goals, and improvement efforts
- The strategy and goals will address all ages, populations, service locations, and sources of coverage
- Eliminating disparities in care – including but not limited to those based on race, ethnicity, gender, age, disability, socioeconomic status and geography – will be integral to all strategies and goals
- The design and implementation of the strategy will consistently seek to align the efforts of public and private sectors

Feedback Question:

1. *Are the proposed Principles for the National Strategy appropriate? What is missing or how could the principles be better guides for the Framework, Priorities and Goals?*

Framework for the National Quality Strategy

In addition to being guided by a set of core principles, the initial thinking of the Department of Health and Human Services is that the National Quality Strategy should be organized around a simple framework that should resonate broadly, be clear, be easily understood and be attainable with concerted effort. The proposed framework consists of three components that are intended to be consistent over-time, while allowing for both the initial identification of priorities and associated goals and measures, as well as regular updating to accommodate new directions and emerging issues. The proposed framework components are:

- **Better Care:** Person-centered care that works for patients and providers. Better care should expressly address the quality, safety, access, and reliability of how care is delivered, as well as the experience of individuals in receiving that care; active engagement of patients and families; and the best possible care at all stages of health and disease;
- **Affordable Care:** Care that reins in unsustainable costs for families, government, and the private sector to make it more affordable; and
- **Healthy People/Healthy Communities:** The improving health and wellness at all levels through strong partnerships between health care providers, individuals, and community resources.

The framework components serve as the three pillars of the National Quality Strategy and are intended to frame its underlying priorities and goals.

Feedback Question:

2. *Is the proposed Framework for the National Strategy sound and easily understood? Does the Framework set the right initial direction for the National Health Care Quality Strategy and Plan? How can it be improved?*

Priorities of the National Quality Strategy

Within each of the major components of the framework, the National Quality Strategy needs to identify specific priorities that represent the primary objectives for the initial period. HHS is seeking broad public input to help identify priorities, while it conducts a review of leading private sector initiatives and current Federal and State programs. The Affordable Care Act details some of the criteria that should guide priority selection, including:

Table 2. Criteria Guiding Selection of Priorities

- Demonstrates the greatest potential for improving health outcomes, efficiency, and patient-centeredness of health care for all populations, including children and vulnerable populations
- Shows potential for rapid improvement in quality and efficiency
- Addresses gaps in quality, efficiency, comparative effectiveness information, health outcomes measures, and data aggregation techniques
- Improves payment policies to emphasize quality and efficiency
- Enhances the use of health care data to improve quality, efficiency, transparency, and outcomes
- Addresses the health care provided to patients with high-cost chronic diseases
- Improves research and dissemination of strategies and best practices to improve patient safety and reduce medical errors, preventable admissions and readmissions, and healthcare-associated infections
- Reduces health disparities across populations and geographic areas

Feedback Question:

3. *Using the legislative criteria for establishing national priorities, what national priorities do you think should be addressed in the initial National Health Care Quality Strategy and Plan in each of the following areas:*
    a. *Better Care: Person-centered care that works for patients and providers. Better care should expressly address the quality, safety, access, and reliability of how care is delivered and how patients rate their experience in receiving such care;*
    b. *Affordable Care: Care that reins in unsustainable costs for families, government, and the private sector to make it more affordable; and*
    c. *Healthy People/Healthy Communities: The promotion of health and wellness at all levels.*

Goals of the National Quality Strategy

The goals refer to targeted performance levels that the National Quality Strategy seeks to attain. Goals are broad, long-term objectives that define a desired outcome. HHS believes that to provide for national focus during the initial period of the National Quality Strategy, there should only be a few goals for each component of the framework, and the goals should be aspirational, actionable, attainable with concerted action and aligned across the nation. Examples of the sorts of areas around which the National Quality Strategy could articulate goals include:

- Make health care safer, by eliminating adverse preventable events that injure patients through the delivery of care;

- Increase the degree to which care is coordinated for patients, leading to demonstrably improved patient outcomes such as reduced preventable hospital readmissions and fewer medication errors due to poorly managed care transitions;
- Dramatically reduce the occurrence of and improve management of chronic illnesses through strong partnerships and clear accountability across health care providers, patients, and communities.

The goals should align to the proposed priorities. Together, the priorities and goals should engage multiple stakeholders, inspire the nation, and provide a public and private roadmap for accelerating our common path towards better quality care, improved health outcomes for people and communities, and an affordable system of care for all Americans.

Feedback Question:

4. *What aspirational goals should be set for the next 5 years, and to what extent should achievable goals be identified for a shorter timeframe?*

Measures of Progress to Priorities and Goals

Appropriately aligned measures are needed to ensure that progress is made against the identified priorities and goals. Just as we believe that the goals and priorities should build on existing work that has been done, for measures of our progress we aspire to use or build on existing, established, and widely-used measures or measure sets that have been reviewed and endorsed by multiple stakeholders. Future new measure development should be prioritized and aligned to the national priorities and strategic framework.

Feedback Question:

5. *Are there existing, well-established, and widely used measures that can be used or adapted to assess progress towards these goals? What measures would best guide public and private sector action, as well as support assessing the nation's progress to meeting the goals in the National Quality Strategy?*

STAKEHOLDER ENGAGEMENT/PUBLIC COMMENT

Given the critical importance of this initiative, HHS is committed to an open and transparent process designed to engage multiple stakeholders and obtain direct input into the National Quality Strategy's development and all of its components. Input is being gathered through multiple stakeholder venues and through posting of this document on HHS.gov. In addition to this posting, HHS will use a wide range of other public forums to garner input and suggestions in the coming months.

Additional Feedback Issues

In addition to the questions identified above, HHS welcomes comments and suggestions on all aspects of the proposed structure, principles, conceptualization, and specific details of the National Quality Strategy. HHS looks forward to getting specific feedback on the following:

6. *The success of the National Health Care Quality Strategy and Plan is, in large part, dependent on the ability of diverse stakeholders across both the public and private sectors to work together. Do you have recommendations on how key entities, sectors, or*

stakeholders can best be engaged to drive progress based on the National Health Care Quality Strategy and Plan?

Multi-stakeholder/State Questions

Health care is local and much of the effort to organize, support and foster improvements in health care and prevention occur at the level of States. The questions that follow are relevant to all audiences, but are particularly relevant to States:

7. *Given the role that States can play in organizing health care delivery for vulnerable populations, do the Principles and Framework address the needs and issues of these populations?*
8. *Are there priorities and goals that should be considered to specifically address State needs?*
9. *What measures or measure sets should be considered to reflect States' activities, priorities, and concerns?*
10. *What are some key recommendations on how to engage with States and ensure continued alignment with the National Quality Strategy?*

Appendix 2: Respondent Submissions by Organization Type and Constituency Represented

Organization Type	Constituency Represented	Total
Advocacy Group	Clinical Condition Advocacy	19
	Consumer Advocacy	20
	Employer/Business Coalition	2
	Labor Union	4
	Other Advocacy	6
Advocacy Group Total		**51**
Federal Government	Department of Health and Human Services (HHS)	2
	Health Resources and Services Administration (HRSA)	1
	Indian Health Services (IHS)	1
	Veterans Administration (VA)	1
Federal Government Total		**5**
Health Plan	Health Plan	7
Health Plan Total		**7**
Individual/Consumer	Individual - Independent of any organization	47
Individual/Consumer Total		**47**
Member Association	Academic	2
	Clinical Professionals	69
	Employers	1
	Health IT Vendors	2
	Health Plan	2
	Hospitals	8
	Medical Product Vendors	1
	Other	6
	Pharmaceutical Industry	3
Member Association Total		**94**
Other	Consulting Firm	4
	Law Firm	1
	Other	1
Other Total		**6**
Pharmaceutical	Pharmaceutical Company	2
Pharmaceutical Total		**2**
Provider	Ambulatory Care	8
	Health System	22
	Hospice/Palliative Care	15
	Hospital	13

Organization Type	Constituency Represented	Total
	Long Term Care	1
	Other Clinical Professional	5
	Physician	3
Provider Total		**67**
Quality Organization	Measure Development	2
	Other Quality Organization	6
	Quality Improvement Organization (QIO)	3
	Quality Collaborative	8
Quality Organization Total		**19**
	Academic Institution	19
	Research	2
	Think Tank	3
Research/Academic Total		**24**
State/Local Government	State Agency	8
State/Local Government Total		**8**
Vendor	Product Vendor	3
	Service Vendor	2
Vendor Total		**5**
	Total Respondent Submissions	**335**

Appendix 3: Suggested Types of Measures and Existing Measure-Setting Bodies or Programs

Table 1. Types of Measures Suggested in Question 5

	Advocacy								Member Association															
	Clinical Condition Advocacy	Consumer Advocacy	Employer/Business Coalition	Labor Union	Other Advocacy	Federal Government	Health Plan	Individual/ Consumer	Academic	Clinical Professionals	Health IT Vendors	Health Plan	Hospitals	Other	Pharmaceutical Industry	Other	Pharmaceutical	Provider	Quality Organization	Research/ Academic	State/ Local Government	Vendor	Total
Access to care measures	-	1	-	-	-				-	-	-	-	-	-	-								2
Advance directives measures	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
Anesthesia measures	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Behavioral health measures	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
BMI/Obesity-related measures	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2
Cancer measures	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2
Capacity metrics measures	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Care coordination and continuum of care measures	2	4	-	1	-	-	1	-	-	3	-	-	1	-	-	-	-	3	1	-	-	-	16
Certification as a metric for quality of physician care	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Compare home health/community health utilization cost to lengthy hospital stay	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Composite measures	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	2
Comprehensive Community Health Centers present and future measures	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	2
Cost of care/efficiency measures	-	-	-	1	-	-	1	-	-	1	-	1	-	-	-	-	-	-	1	1	-	1	7
Culturally and Linguistically Appropriate Services (CLAS) measures/standards	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2
Culture and work environment in health care systems	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Disability measures	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Disaster preparedness and emergency medical services measures	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2
Disease management measures, including incidence rates (e.g., cancer, diabetes)	3	1	-	-	-	-	-	1	-	5	-	-	-	-	-	-	-	-	1	1	-	-	12

	Advocacy								Member Association															
	Clinical Condition Advocacy	Consumer Advocacy	Employer/Business Coalition	Labor Union	Other Advocacy	Federal Government	Health Plan	Individual/ Consumer	Academic	Clinical Professionals	Health IT Vendors	Health Plan	Hospitals	Other	Pharmaceutical Industry	Other	Pharmaceutical	Provider	Quality Organization	Research/ Academic	State/ Local Government	Vendor	Total
Disparities measures (e.g., language access) and disparities with treatments/outcomes	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Effectiveness of regulators' response to consumer/patient complaints about providers	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Efficiency measures	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
E-measures	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2
Enterprise risk management healthcare (e.g., return on investment for interventions)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Functional status and quality of life measures	2	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	4
Health outcomes measures	2	2	-	-	-	-	-	2	-	2	-	2	-	-	-	-	1	-	1	-	-	-	12
Health promotion/education measures	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Healthcare facility/health plan assessments	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Hospice/palliative care measures	1	-	-	-	-	1	1	1	-	4	-	-	-	1	-	-	-	10	1	1	-	-	21
Hospital-based programs' QI models for other settings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Immunization measures	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2
Medical home measures	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	-	-	-	4
Medication management and safety measures	-	2	1	-	1	-	-	-	-	7	-	1	1	-	-	-	-	1	4	2	1	-	21
Metrics from other countries	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	2
Mortality rates for chronic conditions measures	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Oral health measures	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Otolaryngology measures	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Pain management measures	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Patient engagement measures	-	1	-	-	1	-	-	1	-	-	-	-	-	1	-	-	-	1	-	-	-	-	5
Patient experience/satisfaction measures	1	2	-	-	-	-	1	1	-	-	-	1	-	-	-	-	-	-	1	-	-	-	7

	Advocacy								Member Association														
	Clinical Condition Advocacy	Consumer Advocacy	Employer/Business Coalition	Labor Union	Other Advocacy	Federal Government	Health Plan	Individual/ Consumer	Academic	Clinical Professionals	Health IT Vendors	Health Plan	Hospitals	Other	Pharmaceutical Industry	Other	Pharmaceutical	Provider	Quality Organization	Research/ Academic	State/ Local Government	Vendor	Total
Pediatric and childhood development measures	-	2	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	1	2	-	-	-	7
Pharmaceutical companies report of profits	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Population health measures	-	-	-	-	-	-	-	1	-	-	-	-	1	1	-	-	-	1	2	-	-	-	6
Pregnancy and infant care measures	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2
Prevention measures	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Provider experience and/or difficulties measures	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Provider-specific measurement data	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
School/work attendance, infection rates in daycare/school and obesity prevalence measures	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Shared decision making measures	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Smoking/tobacco measures	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
U.S. Census data (health insurance rates)	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
US Healthcare Efficiency Index	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
Utilization and potential overuse/misuse measures (e.g., ED, C-Section, Hospital admissions)	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-	-	1	2	1	1	-	8
Workforce diversity measures	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1

Table 2. Existing Measure Setting Bodies and Programs Suggested in Question 5

	Advocacy								Member Association														
	Clinical Condition Advocacy	Consumer Advocacy	Employer/Business Coalition	Labor Union	Other Advocacy	Federal Government	Health Plan	Individual/ Consumer	Academic	Clinical Professionals	Health IT Vendors	Health Plan	Hospitals	Other	Pharmaceutical Industry	Other	Pharmaceutical	Provider	Quality Organization	Research/ Academic	State/ Local Government	Vendor	Total
AHRQ	-	1	-	-	-	-	1	1	-	1	-	1	-	-	-	-	-	2	1	1	-	-	9
American Board of Quality Utilization Review Physicians	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
American Dietetic Association/American Society for Parenteral and Enteral Nutrition	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
American Medical Association - Physician Consortium for Performance Improvement	1	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	1	-	-	-	-	-	6
Arthritis Foundation	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2
Boston University's Activity Measures for Post-Acute Care (AM-PAC)	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Campaign for Better Care	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
CDC	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	4
Childbirth Connection	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
CHIPRA	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
CMS Hospital Compare	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Commonwealth Fund	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Continuity and Record Evaluation (CARE) Tool	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Evaluation of NORC programs (United Hospital Fund)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Healthy People 2010/2020	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
HHS	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2
HIV/AIDS Bureau	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Hospital Quality Alliance	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
HRSA	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Institute for Health Care Improvement	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	2
Joint Commission	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	4

	Advocacy								Member Association														
	Clinical Condition Advocacy	Consumer Advocacy	Employer/Business Coalition	Labor Union	Other Advocacy	Federal Government	Health Plan	Individual/ Consumer	Academic	Clinical Professionals	Health IT Vendors	Health Plan	Hospitals	Other	Pharmaceutical Industry	Other	Pharmaceutical	Provider	Quality Organization	Research/ Academic	State/ Local Government	Vendor	Total
Leapfrog	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Medical Expenditure Panel Survey	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Medicare. Medicaid, and SCHIP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
National Ambulatory Medical Survey	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
National Committee for Quality Assurance - HEDIS ®	1	3	-	-	-	-	2	1	-	2	-	-	-	-	2	-	-	-	2	1	4	-	18
National Comprehensive Cancer Network	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
National Health and Nutrition Examination Survey	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
National Healthcare Safety Network	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
National Priorities Partnership	-	2	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	1	-	-	-	6
National Public Health Performance Standards	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
National Quality Forum	-	4	-	-	1	1	-	1	-	5	-	1	2	1	1	-	1	2	3	-	1	-	24
Nurse Family Partnership	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Patient satisfaction/CAHPS/HCAHPS	-	1	-	-	-	-	1	1	-	2	-	1	-	-	-	-	-	-	4	-	1	-	11
Pharmacy Quality Alliance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Public Health Accreditation Board	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Public Health Service	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Quality Assessment and Performance Improvement Program	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Recovery Oriented Systems Indicators and other social services surveys	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Regional Health Improvement Collaboratives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Safe and Drug Free Schools and Communities Program	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
SAMHSA	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Sepsis Campaign	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Speaking Together Project	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1